



JUDICIAL BRANCH OF NEW MEXICO DONATION OF ANNUAL LEAVE FORM

Employee (Donor) Name: _____

Social Security #: _____

Hours of Annual Leave Donated: _____

Hourly Rate of Pay: _____

*Would you like your donation to remain anonymous? _____

☐ Yes

☐ No

Recipient's Name: _____

Division/Court Location: _____

I hereby authorize the donation of annual leave, effective this date, pursuant to the New Mexico Judicial Branch Personnel Rules.

Employee Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

INTERNAL HR USE ONLY

Leave balance prior to donation: _____ Leave balance after donation: _____

Recipient's hourly rate of pay: _____ Converted amount: _____
(Donor's hourly rate x hours ÷ recipient's
Hourly rate)